



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
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<b>SERIAL NUMBER</b> 09/490,680	<b>FILING DATE</b> 01/24/2000 <b>RULE</b> -	<b>CLASS</b> 180 248	<b>GROUP ART UNIT</b> 3811 3632	<b>ATTORNEY DOCKET NO.</b> 5360
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
*None* (RD)

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None* (RD)

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 \*\* 04/06/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials <i>TH</i>	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
 Carl L. Johnson  
 Jacobson and Jacobson  
 Suite 285  
 One West Water Street  
 St. Paul, MN 55107-2080

**TITLE**  
 User coupled workspace shock isolation system

<b>FILING FEE RECEIVED</b> 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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